

## U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

## PUBLIC HEALTH SERVICE

## BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL

## SURVEILLANCE SUMMARY

## FOODBORNE DISEASE OUTBREAKS—1966 and 1967

In 1966, 25 states and in 1967, 37 states reported outbreaks of foodborne diseases to NCDC. These surveillance data have been compiled in an effort to characterize and to quantitate diseases caused by foodborne outbreaks, to study the types of vehicles and sources of contamination particularly when interstate products are involved, and to suggest possible control measures.

Although the data collected in 1966 and 1967 did not include every foodborne outbreak in the United States, various trends and the predominance of certain etiologic agents became apparent. The total number of people affected in the 273 reported foodborne outbreaks in 1967

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were 22,171 (Table 1). There were 15 associated deaths and 118 secondary cases. The etiology was confirmed in 160 of the 273 outbreaks (Table 2). Salmonella was the cause of most illness and accounted for 12,836 cases in 35 outbreaks. Beef, turkey, eggs and egg products, and

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	16th WEEK ENDED		MEDIAN 1963 - 1967	CUMULATIVE, FIRST 16 WEEKS		
	April 20, 1968	April 22, 1967		1968	1967	MEDIAN 1963 - 1967
Aseptic meningitis . . . . .	27	40	20	454	463	445
Brucellosis . . . . .	6	3	7	38	60	67
Diphtheria . . . . .	2	—	2	47	35	65
Encephalitis, primary:						
Arthropod-borne & unspecified . . . . .	12	25	—	238	381	—
Encephalitis, post-infectious . . . . .	14	20	—	142	243	—
Hepatitis, serum . . . . .	73	36	816	1,176	604	13,294
Hepatitis, infectious . . . . .	798	799		13,332	12,690	
Malaria . . . . .	38	37	2	702	619	34
Measles (rubeola) . . . . .	816	2,084	11,832	10,668	37,359	151,426
Meningococcal infections, total . . . . .	54	58	67	1,204	950	1,048
Civilian . . . . .	50	57	—	1,089	877	—
Military . . . . .	4	1	—	115	73	—
Mumps . . . . .	4,323	—	—	80,476	—	—
Polio myelitis, total . . . . .	—	1	1	14	5	7
Paralytic . . . . .	—	1	1	14	5	6
Rubella (German measles) . . . . .	1,915	1,900	—	21,232	19,025	—
Streptococcal sore throat & scarlet fever . . . . .	11,215	10,690	10,452	181,048	194,243	177,503
Tetanus . . . . .	3	5	5	34	51	55
Tularemia . . . . .	1	2	2	20	41	58
Typhoid fever . . . . .	9	8	7	75	101	101
Typhus, tick-borne (Rky. Mt. spotted fever) . . . . .	2	—	—	6	10	7
Rabies in animals . . . . .	87	112	112	1,201	1,413	1,404

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: . . . . .	1	Rabies in man: . . . . .	—
Botulism: . . . . .	—	Rubella, Congenital Syndrome: . . . . .	3
Leptospirosis: Fla.-2 . . . . .	8	Trichinosis: Calif.-1, Ohio-4 . . . . .	17
Plague: . . . . .	—	Typhus, murine: . . . . .	3
Psittacosis: N.Y. Upstate-7 . . . . .	19		

## FOODBORNE DISEASE OUTBREAKS - (Continued from front page)

Table 1  
Etiology of Foodborne Illnesses Reported to NCDC  
1966 and 1967

Etiology	1966				1967			
	Outbreaks*		Cases		Outbreaks*		Cases	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Bacterial	67	37.0	4,067	51.1	111	40.7	17,056	76.9
<i>S. typhosa</i>	1	0.6	7	0.1	3	1.1	51	0.2
Other salmonella	22	12.2	1,285	16.1	27	9.9	12,494	56.4
Shigella	3	1.7	76	1.0	6	2.2	547	2.5
<i>C. perfringens</i>	8	4.4	1,346	16.9	19	7.0	2,529	11.4
<i>C. botulinum</i>	4	2.2	10	0.1	2	0.7	5	0.0
Staphylococcus	26	14.4	860	10.8	32	11.7	1,339	6.0
Enteropathogenic <i>E. coli</i>					2	0.7	70	0.3
Brucella					20	7.3	21	0.1
Other bacterial	3	1.7	483	6.1				
Parasitic	4	2.2	7	0.1	38	14.0	47	0.2
<i>Trichinella spiralis</i>	4	2.2	7	0.1	37	13.6	42	0.2
Other parasites					1	0.4	5	0.0
Viral - Viral hepatitis					9	3.3	196	0.9
Chemical	2	1.1	159	2.0	2	0.7	10	0.0
Unknown**	108	59.7	3,727	46.8	113	41.3	4,862	22.0
Total	181	100.0	7,960	100.0	273	100.0	22,171	100.0

\*Etiology proven or suspected on epidemiologic and/or clinical grounds.

\*\*Includes all outbreaks in which no etiology was established or suggested.

All percentages less than 0.05 are represented as 0.0.

Table 2  
Etiology of Confirmed and Unconfirmed Outbreaks and Cases of Foodborne Illness, 1967

Etiology	Outbreaks						Cases					
	Confirmed		Unconfirmed		Total		Confirmed		Unconfirmed		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Bacterial	111	40.7	54	19.8	165	60.4	17,056	76.9	2,027	9.1	19,083	56.1
<i>S. typhosa</i>	3	1.1	2	0.7	5	1.8	51	0.2	3	0.0	54	0.2
Other salmonella	27	9.9	8	2.9	35	12.8	12,494	56.4	342	1.5	12,836	57.9
Shigella	6	2.2	1	0.4	7	2.6	547	2.5	40	0.2	587	2.6
<i>C. perfringens</i>	19	7.0	10	3.7	29	10.6	2,529	11.4	964	4.3	3,493	15.8
<i>C. botulinum</i>	2	0.7	1	0.4	3	1.1	5	0.0	1	0.0	6	0.0
Staphylococcus	32	11.7	23	8.4	55	20.1	1,339	6.0	575	2.6	1,914	8.6
Enteropathogenic <i>E. coli</i>	2	0.7	2	0.7	4	1.5	70	0.3	49	0.2	119	0.5
Brucella	20	7.3	2	0.7	22	8.1	21	0.1	2	0.0	23	0.1
Streptococcus			5	1.8	5	1.8			51	0.2	51	0.2
Parasitic	38	14.0	5	1.8	43	15.8	47	0.2	5	0.0	52	0.2
<i>Trichinella spiralis</i>	37	13.6	5	1.8	42	15.4	42	0.2	5	0.0	47	0.2
Other parasites	1	0.4			1	0.4	5	0.0			5	0.0
Viral -												
Viral hepatitis <sup>1</sup>	9	3.3			9	3.3	196	0.9			196	0.9
Chemical	2	0.7	4	1.5	6	2.2	10	0.0	22	0.1	32	0.1
Miscellaneous			8	2.9	8	2.9			928	4.2	928	4.2
Unknown			42	15.4	42	15.4			1,880	8.5	1,880	8.5
Total	160	58.6	113	41.4	273	100.0	17,309	78.1	4,862	21.9	22,171	100.0

<sup>1</sup>Hepatitis cases only confirmed clinically.

milk were the vehicles most frequently responsible for salmonella outbreaks (Table 3). *Clostridium perfringens* caused illness in 3,493 people in 29 outbreaks. Beef was the most common vehicle in outbreaks caused by this organism. Staphylococcal food poisoning accounted for illness in 1,914 persons in 55 outbreaks in which beef,

pork, fish, and vegetables were the most common vehicles.

When the data were studied to determine the locations of outbreaks, it was found that the largest number of outbreaks, 94, occurred at home, but the number of people involved were only 323 (Table 4). In contrast, outbreaks

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Table 3  
Vehicles Associated with Foodborne Illness by Etiology, 1967  
(Confirmed Outbreaks/Unconfirmed Outbreaks)

Etiology	Vehicle													
	Turkey	Chicken	Egg	Milk	Beef	Pork	Other meat	Vegetable	Fruit	Shell-fish	Other fish	Water	Other	Unknown
<i>S. typhosa</i>												1/2		2
Other salmonella	3/3*	1/0	2/1	2/1	4/1*	1/1	0/1*	0/2		0/1	2/0		0/1	8
Shigella												0/2	1/1	3
<i>C. perfringens</i>	1/0*	3/0*			9/5*	0/1	2/0*				1/0		2/0	5
<i>C. botulinum</i>								1/1			1/0			
Staphylococcus <sup>1</sup>	3/1*	1/0	1/1	4/1	9/0	6/1	4/0	6/0		4/0	5/0		7/2	6
Enteropathogenic <i>E. coli</i>												2/1		1
Brucella				0/16			0/6							
Streptococcus	1/0						0/1*	1/0			1/0			1
<i>Trichinella spiralis</i>					0/2	0/40								
Other parasites												1/0		
Viral hepatitis									0/1	1/0		1/4	0/1	1
Chemical													1/3	2
Miscellaneous					1/0				1/0			1/0	0/4	1
Unknown <sup>2</sup>	0/4	0/2			0/6*	0/1	0/2			0/3	0/1	0/1	0/7	14
Total	8/8	5/2	3/2	6/18	23/14	7/44	6/10	8/5	1/1	5/4	10/1	6/10	11/19	44

<sup>1</sup>Five outbreaks with two vehicles; one outbreak with three vehicles.

<sup>2</sup>One outbreak with two vehicles.

\*Includes some outbreaks due to meat and/or gravy and/or dressing.

Table 4  
Place of Acquisition of all Foodborne Illness by Etiology, 1967

Etiology	Place of Acquisition								
	Home	Restaurant	Banquet	School	Store	Medical Institution	Other	Unknown	Total
<i>S. typhosa</i>	3			1			1		5
Other Salmonella	10	9	5	6	1		4		35
Shigella		1		2		1	3		7
<i>C. perfringens</i>	1	9	10	6			2	1	29
<i>C. botulinum</i>	3								3
Staphylococcus	10	23	2	6	6	1	6	1	55
Enteropathogenic <i>E. coli</i>	2						2		4
Brucella	15						7		22
Streptococcus		1	1	1		1		1	5
<i>Trichinella spiralis</i>	31	10					1		42
Other parasites	1								1
Viral hepatitis	5	3		1					9
Chemical	3	3							6
Miscellaneous	5		1			1	1		8
Unknown	5	10	6	12	3	1	2	3	42
Total outbreaks	94	69	25	35	10	5	29	6	273
Number of Persons Ill	323	1,386	11,373	4,129	282	335	4,026	317	22,171

## FOODBORNE DISEASE OUTBREAKS — (Continued from page 139)

following banquets accounted for more than 50 percent of all reported illness with 11,373 people affected in 25 outbreaks. In 35 outbreaks 4,129 persons became ill after ingesting contaminated food served in schools. Food served at restaurants was responsible for 69 outbreaks in which 1,386 persons became ill.

More outbreaks occurred in the last 6 months of the year than in the first 6 months (Table 5).

(Reported by Enteric Diseases Unit, Bacterial Diseases Section, and Statistics Section, Epidemiology Program, NCDC.)

Table 5  
Monthly Incidence of Outbreaks of Foodborne Illness by Etiology, 1967

Etiology	Month													Total
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Unknown	
<i>S. typhosa</i>		1			1			2				1		5
Other salmonella	2	1		4	1	5	2	5	6	3	6			35
Shigella							1		1	3	1		1	7
<i>C. perfringens</i>	2	3	1	5	5			2	1	2	4	2	2	29
<i>C. botulinum</i>						1				1		1		3
Staphylococcus	1		2	4	4	5	6	7	5	5	8	8		55
Enteropathogenic <i>E. coli</i>			1				1			2				4
Brucella	4	4	3	1	2		3	2	2				1	22
Streptococcus										3	1		1	5
<i>Trichinella spiralis</i>	9	4	7	3	3	5	6		2	2	1			42
Other parasites									1					1
Viral hepatitis			1		2		1	3	1	1				9
Chemical			1	1				1	2	1				6
Miscellaneous								1	2	3	2			8
Unknown	1	5	3	3	4	5	4	3	3	3	6	2		42
Total Outbreaks	19	18	19	21	22	21	24	26	26	29	29	14	5	273

### EPIDEMIOLOGIC NOTES AND REPORTS

#### BOVINE CYSTICERCOSIS — Texas

An epizootic of bovine cysticercosis has been reported from northern Texas. During the period from March 15 to April 1, 1968, 771 cattle from two large commercial feedlots were slaughtered in packing plants under the United States Department of Agriculture Inspection Program; 346 cattle (45 percent) were found to be infected with *Cysticercus bovis*. Infected cattle are known to have been shipped plants in Oklahoma, Nebraska, Colorado, Missouri, Kansas, Iowa, Texas, and Florida.

The following notice appeared in the *Federal Register* Vol. 33, No. 71, April 11, 1968:

Notice is hereby given that the contagious, infectious, and communicable disease of livestock known as cysticercosis exists in cattle on the premises specified below. Accordingly, such premises are hereby quarantined because of said disease, and the interstate movement of cattle from such premises is prohibited except as provided in this part: a) Dean Cluck Feedlot, Gruver, Texas, known and described as the north 200 acres of the west half of Sec. 12 of Block 3 B, GHNH, in Sherman County, Texas.

b) Hereford Cattle Feeders, Inc., Hereford, Texas, known as and described as a premise of 524.04 acres out of the north part of Sec. 27, Block K-4, Certificate No. 264, in Deaf Smith County, Texas.

An investigation is now in progress to determine the mode of spread of this zoonosis and the extent of the movement of infected cattle into retail channels.

(Reported by J.S. Stein, Director, Livestock Slaughter Inspection Division, U.S.D.A.; Dr. George Martin, Staff Officer in Planning Branch, Livestock Slaughter Inspection Division, U.S.D.A.; Dr. A.B. Rich, Director, Division of Veterinary Public Health, Texas State Department of Health; and a team from NCDC.)

#### Editorial Note

*Cysticercus bovis* is the intermediary stage of the beef tapeworm of man, *Taenia saginata*. In the United States, the majority of bovine cysticercosis exists on the West Coast. In 1967, 14,407 cattle (0.05 percent of the cattle slaughtered in the United States in 1967) were found to be infected at postmortem inspection, and 10,455 of

these cattle were from feedlots in California (Table 6). The present epizootic is unusual because of its high infection rates and its location in Texas.

Man acquires *Taenia saginata* by eating inadequately cooked "measly" beef (beef infected with cysticercosis). Infection is subsequently spread to cattle by human indiscriminate defecation in cattle pastures and feed pens or through the distribution of sewage and septic tank effluent onto pastures where cattle graze.

The treatment for *Taenia saginata* is Quinacrine or Niclosamide<sup>1</sup>.

<sup>1</sup>Available through Parasitic Disease Drug Service, NCDC.)

Table 6  
Numbers of Beef Carcasses Infected With *Cysticercus bavis*,  
United States, 1967\*

State	Cases
Arizona	303
California	10,455
Colorado	334
Texas	777
All other states	2,538
Total United States	14,407

\*Source: Livestock Slaughter Inspection Division, U.S.D.A.

### INTERNATIONAL NOTES FOLLOW-UP MALARIA - Ceylon

The conditions contributing to the recent outbreak of malaria in Ceylon (MMWR, Vol. 17, No. 11) and the geographic spread of the epidemic have been further investigated. Annual case records of *Plasmodium vivax*, the species responsible for the epidemic, show that *P. vivax* was effectively controlled during the eradication efforts of the Anti-Malaria Campaign (AMC) which began in 1958. By 1963, *P. vivax* had virtually disappeared from Ceylon with only eight cases occurring in 1963. During a period of 35 months, January 1963 through December 1965, no indigenous cases of *P. vivax* malaria were detected in Ceylon, and all but one of the 40 cases in these 3 years were investigated and classified as imported. In 1966 and 1967 the incidence of *P. falciparum* and *P. malariae* remained constant, while the number of *P. vivax* cases progressively increased. This increase was small during 1966 when the total for the year reached six cases with no more than two cases reported in any one quarter. During 1967, however, the number of indigenous cases began to increase rapidly (22 cases in the first quarter, 92 in the second quarter, 686 in the third, and 2,217 in the fourth quarter of 1967). The total of 3,017 confirmed cases of indigenous *P. vivax* infections far exceeded the annual totals in the decade before (1958 with 781 cases, 1959 with 1,126 cases, and 1960 with 376 cases). In January 1968, *P. vivax* cases reached 16,851 and in February increased to 42,056 cases. The number of slides collected and *P. vivax* cases from 1958 to 1968 are graphically illustrated in Figure 1.

Records of investigations of the early *P. vivax* cases were reviewed. The first indigenous case of *P. vivax* discovered in Ceylon in 35 months was reported by a passive case detection post (PCD) of the AMC in the Kurunegala Division of Ceylon (Figure 2). No secondary cases were discovered despite prompt widespread investigation and follow-up which included five serial mass blood films were taken. In January 1966, in this same division, two more indigenous cases of *P. vivax* malaria were found in one village through active case detection (ACD) canvassing of the AMC. No evidence was found to relate the late 1965 case and the two January 1966 cases. Later in 1966, four new cases of indigenous *P. vivax* were discovered that were related to the two January 1966 cases.

Figure 1  
NUMBER OF SLIDES COLLECTED AND *P. VIVAX* CASES  
PER MONTH, CEYLON, JANUARY 1958-FEBRUARY 1968

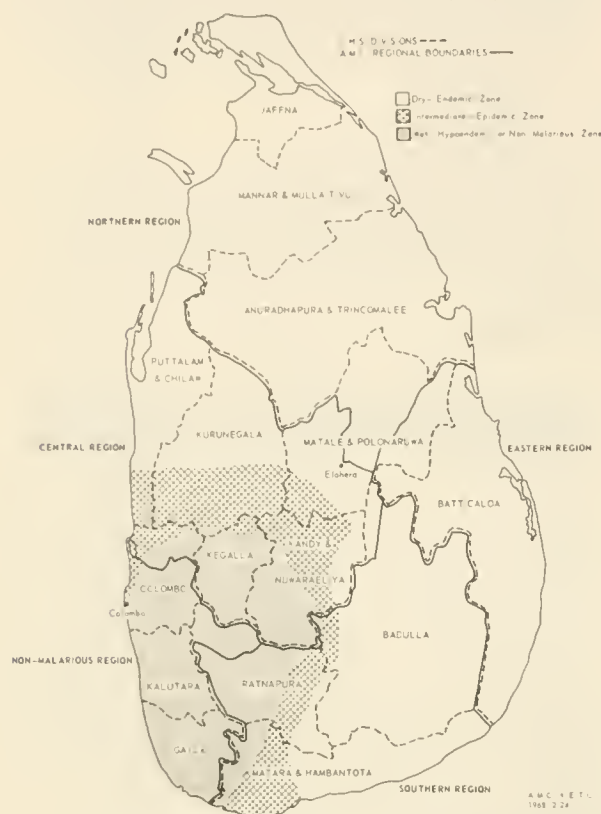


In 1967, indigenous *P. vivax* spread in the AMC central region, where malaria remained confined for the first 9 months of the year. In October, *P. vivax* malaria was reported from the Elahera gemming area of the Matale Division, an area visited by transient gem miners from all parts of Ceylon. Many gem miners became infected and apparently spread *P. vivax* to other regions of Ceylon. Figure 3 shows the divisions reporting indigenous *P. vivax* malaria by quarter from 1966 through February 1968. It also illustrates that the outbreak was localized in one division, Kurunegala, until it reached the gem mining area in Matale, and then spread throughout Ceylon.

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## FOLLOW-UP MALARIA - (Continued from page 141)

Figure 2  
CEYLON SUPERINTENDENT HEALTH SERVICES (SHS)  
DIVISIONS AND ANTI-MALARIA CAMPAIGN (AMC) REGIONS



Attempts have been made to explain the reappearance of indigenous *P. vivax* malaria in epidemic form after a 35-month absence from Ceylon. A review of the prompt and thorough case investigations of the original *P. vivax* cases in the Kurunegala Division provided no evidence that these cases were imported. This led to examination of the AMC surveillance system to ascertain whether or not *P. vivax* transmission could have persisted from 1963 to 1967 at a low, undetected level.

In 1967, 1,453,984 blood slides were examined. This is an Annual Blood Examination Rate (ABER) of 19 percent for the population of the malarious area of the country.

This is an impressive effort. The ABER for the endemic area, however, was 39 percent, while the epidemic area had an ABER of only 6 percent—largely consisting of slides collected by PCD. The efficiency of the ACD network in detecting all positive cases also may be questioned, because a very large number of cases were found by mass blood surveys. For example, during 1967, 19 percent of total blood slides came from ACD and yielded 4 percent of positive cases; 62 percent of the total slides came from PCD and yielded 51 percent of positive cases, while mass blood survey slides accounted for the remaining 19 percent of slides and 45 percent of positive cases. In addition a random check of age and sex distribution of 480 ACD slides collected in the Kurunegala Division (the original focus of the *P. vivax* epidemic) revealed that only 4.2 percent of the slides were taken from males older than 15 years. In contrast 41.5 percent of indigenous *P. vivax* cases occurred in males older than 15 years. This fact is probably due to occupational hazards. Adult males frequently sleep in field huts while performing chena (jungle "strip and burn") cultivation. These adult males are at special risk of contracting malaria since they sleep either out-of-doors or under one-walled temporary structures, difficult to find or spray. Because the men are frequently away from their villages during visits of surveillance agents, the group at highest risk has the fewest number of blood films taken.

Background information supplied about the malaria vector, *Anopheles culicifacies*, indicates that the weather conditions in 1966 and 1967 were conducive to the transmission of malaria. Reportedly, 1966 and 1967 were years of abnormally light rainfall, particularly in the dry zone (Figure 2) where the October to January monsoon did not occur in many areas, and such periods of drought have traditionally increased the vector population. After DDT spraying was withdrawn from most of the country in April 1963 and from the remainder of the country in April 1964, vector density was expected to increase. The increase occurred and was particularly apparent in the Central Division where the current epidemic started (Table 7).

In summary, the reasons for the current epidemic seem to be (1) an increase in the mosquito vector after DDT spraying was withdrawn in 1963 and 1964, (2) an increase

Table 7  
Available Vector Density Data (*A. culicifacies* Females), 1964-1966

Anti-Malaria Campaign Region	Entomology Stations	July-October, 1964		July-October, 1965		July-October, 1966	
		<i>A. culicifacies</i> Females*	Females per Ent. Station	<i>A. culicifacies</i> Females*	Females per Ent. Station	<i>A. culicifacies</i> Females*	Females per Ent. Station
Northern	16	76	4.75	311	19.44	574	35.88
Central	16	38	2.38	1,444	90.25	2,340	146.25
Eastern	8	0	0.00	0	0.00	24	3.00
Southern	8	1	0.13	30	3.75	132	16.50
Total	48	115	2.40	1,785	37.19	3,070	63.96

\*Numbers represent total *A. culicifacies* females captures in two fixed experimental huts per entomology station during routine bimonthly knockdown spray catches.

Figure 3  
SHS DIVISIONS REPORTING INDIGENOUS *P. VIVAX*  
CASES BY QUARTER, 1966-1968



in the mosquito vector due to light rainfall in 1966 and 1967, and (3) a small reservoir of undetected cases of malaria in 1963-1965, primarily in the 15 years or older male working population. The geographic spread of the

epidemic was from Kurunegala to the gem mining area of Matale and then throughout the rest of Ceylon.

(Reported by the Department of Health Services, Colombo, Ceylon, and the Malaria Eradication Program, NCDC.)

## Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

APRIL 20, 1968 AND APRIL 22, 1967 (16th WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			MALARIA
					Primary including unsp. cases		Post- Infectious	Serum	Infectious		
	1968	1967	1968	1968	1968	1967	1968	1968	1968	1967	1968
UNITED STATES...	27	40	6	2	12	25	14	73	798	799	38
NEW ENGLAND.....	-	-	-	-	1	3	-	5	46	34	2
Maine.....	-	-	-	-	-	-	-	-	1	-	-
New Hampshire.....	-	-	-	-	-	-	-	-	1	3	-
Vermont.....	-	-	-	-	-	-	-	-	2	1	-
Massachusetts.....	-	-	-	-	-	1	-	-	21	13	-
Rhode Island.....	-	-	-	-	1	1	-	2	2	2	-
Connecticut.....	-	-	-	-	-	1	-	3	19	15	2
MIDDLE ATLANTIC.....	3	4	2	-	6	6	1	13	153	133	4
New York City.....	1	-	-	-	4	3	-	6	44	35	2
New York, up-State.....	-	1	1	-	-	-	1	3	35	31	-
New Jersey.....	2	3	1	-	2	2	-	3	24	28	2
Pennsylvania.....	-	-	-	-	-	1	-	1	50	39	-
EAST NORTH CENTRAL...	3	6	-	-	3	5	2	4	119	136	2
Ohio.....	2	1	-	-	1	3	-	1	50	28	-
Indiana.....	-	3	-	-	-	1	-	-	13	13	-
Illinois.....	-	1	-	-	-	-	1	-	33	50	-
Michigan.....	1	-	-	-	2	1	1	3	16	35	2
Wisconsin.....	-	1	-	-	-	-	-	-	7	10	-
WEST NORTH CENTRAL...	-	-	1	-	-	-	3	-	33	48	1
Minnesota.....	-	-	-	-	-	-	2	-	11	7	-
Iowa.....	-	-	1	-	-	-	1	-	4	5	-
Missouri.....	-	-	-	-	-	-	-	-	11	31	-
North Dakota.....	-	-	-	-	-	-	-	-	-	-	-
South Dakota.....	-	-	-	-	-	-	-	-	-	-	-
Nebraska.....	-	-	-	-	-	-	-	-	-	2	1
Kansas.....	-	-	-	-	-	-	-	-	7	3	-
SOUTH ATLANTIC.....	3	2	2	1	-	1	2	1	59	83	14
Delaware.....	-	-	-	-	-	-	-	-	3	3	-
Maryland.....	1	2	-	-	-	-	-	1	16	17	1
Dist. of Columbia..	-	-	-	-	-	-	-	-	2	-	-
Virginia.....	-	-	2	-	-	-	-	-	9	25	1
West Virginia.....	-	-	-	-	-	-	-	-	2	10	-
North Carolina.....	1	-	-	-	-	-	-	-	1	10	5
South Carolina.....	-	-	-	-	-	-	-	-	1	2	-
Georgia.....	-	-	-	-	-	-	-	-	16	9	6
Florida.....	1	-	-	1	-	1	2	-	9	7	1
EAST SOUTH CENTRAL...	5	6	-	-	-	2	-	1	60	66	-
Kentucky.....	-	2	-	-	-	-	-	-	31	26	-
Tennessee.....	2	3	-	-	-	2	-	1	16	17	-
Alabama.....	1	1	-	-	-	-	-	-	5	13	-
Mississippi.....	2	-	-	-	-	-	-	-	8	10	-
WEST SOUTH CENTRAL...	4	1	1	1	1	4	1	1	101	102	1
Arkansas.....	-	-	-	-	-	-	-	-	3	7	1
Louisiana.....	1	-	-	1	-	4	1	1	18	6	-
Oklahoma*.....	-	-	1	-	1	-	-	-	21	12	-
Texas.....	3	1	-	-	-	-	-	-	59	77	-
MOUNTAIN.....	-	-	-	-	-	1	-	1	40	27	3
Montana.....	-	-	-	-	-	1	-	-	2	1	-
Idaho.....	-	-	-	-	-	-	-	-	3	-	-
Wyoming.....	-	-	-	-	-	-	-	-	-	-	-
Colorado.....	-	-	-	-	-	-	-	1	14	4	2
New Mexico.....	-	-	-	-	-	-	-	-	2	13	1
Arizona.....	-	-	-	-	-	-	-	-	9	7	-
Utah.....	-	-	-	-	-	-	-	-	10	2	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	9	21	-	-	1	3	5	47	187	170	11
Washington.....	1	2	-	-	-	-	1	1	22	16	1
Oregon.....	-	-	-	-	-	-	-	-	20	17	2
California.....	8	19	-	-	-	3	4	46	145	135	8
Alaska.....	-	-	-	-	-	-	-	-	-	2	-
Hawaii.....	-	-	-	-	1	-	-	-	-	-	-
Puerto Rico.....	-	-	-	-	-	-	-	-	17	20	-

\*Delayed reports: Aseptic meningitis: Okla. 1

Encephalitis, primary: Okla. 1 case 1967

Hepatitis, infectious: N.Y. Upstate 14 cases 1967, 1 case 1968, Okla. 5

Malaria: Okla. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES  
FOR WEEKS ENDED  
APRIL 20, 1968 AND APRIL 22, 1967 (16th WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS	POLIOMYELITIS			RUBELLA
		Cumulative			Cumulative			Total	Paralytic		
	1968	1968	1967	1968	1968	1967	1968	1968	1968	Cum. 1968	1968
UNITED STATES...	816	10,668	37,359	54	1,204	950	4,323	-	-	14	1,915
NEW ENGLAND.....	29	474	408	-	60	37	425	-	-	-	459
Maine*.....	-	13	88	-	4	2	18	-	-	-	24
New Hampshire.....	-	56	69	-	6	1	1	-	-	-	7
Vermont.....	-	1	21	-	1	-	26	-	-	-	-
Massachusetts.....	11	218	159	-	28	17	207	-	-	-	89
Rhode Island.....	-	1	27	-	4	1	67	-	-	-	160
Connecticut.....	18	185	44	-	17	16	106	-	-	-	179
MIDDLE ATLANTIC.....	162	1,567	1,209	14	193	137	284	-	-	-	277
New York City.....	71	450	200	3	35	21	154	-	-	-	139
New York, Up-State.....	72	754	286	5	35	34	NN	-	-	-	67
New Jersey*.....	13	267	287	4	70	55	130	-	-	-	64
Pennsylvania.....	6	96	436	2	53	27	NN	-	-	-	7
EAST NORTH CENTRAL...	165	2,387	2,908	2	129	102	1,570	-	-	-	406
Ohio.....	4	189	490	1	34	40	229	-	-	-	135
Indiana.....	56	413	341	1	18	14	142	-	-	-	10
Illinois*.....	60	963	461	-	30	19	277	-	-	-	113
Michigan.....	4	146	607	-	35	21	464	-	-	-	59
Wisconsin.....	41	676	1,009	-	12	8	458	-	-	-	89
WEST NORTH CENTRAL...	14	227	1,670	2	51	41	438	-	-	-	80
Minnesota.....	1	7	84	1	14	9	25	-	-	-	-
Iowa*.....	1	41	388	1	4	9	271	-	-	-	41
Missouri.....	3	63	117	-	10	9	5	-	-	-	1
North Dakota.....	8	77	626	-	2	-	92	-	-	-	17
South Dakota.....	-	4	42	-	4	5	NN	-	-	-	-
Nebraska.....	-	27	413	-	4	7	11	-	-	-	1
Kansas.....	1	8	NN	-	13	2	34	-	-	-	20
SOUTH ATLANTIC.....	21	884	4,285	12	268	186	171	-	-	-	162
Delaware.....	-	7	27	-	3	5	13	-	-	-	2
Maryland.....	1	51	75	-	16	23	21	-	-	-	8
Dist. of Columbia..	1	6	11	-	9	3	-	-	-	-	2
Virginia.....	1	161	1,346	-	19	15	22	-	-	-	12
West Virginia*.....	8	149	748	-	6	16	75	-	-	-	59
North Carolina.....	-	220	728	-	57	38	NN	-	-	-	-
South Carolina.....	2	18	278	1	47	15	4	-	-	-	13
Georgia.....	-	3	23	-	47	33	-	-	-	-	-
Florida.....	8	269	1,049	11	64	38	36	-	-	-	66
EAST SOUTH CENTRAL...	43	351	3,754	1	100	91	215	-	-	-	99
Kentucky.....	1	98	1,026	-	40	26	47	-	-	-	24
Tennessee.....	2	45	1,263	1	30	39	156	-	-	-	65
Alabama.....	38	109	884	-	14	16	6	-	-	-	10
Mississippi.....	2	99	581	-	16	10	6	-	-	-	-
WEST SOUTH CENTRAL...	263	2,757	13,157	11	235	150	495	-	-	6	135
Arkansas.....	-	-	1,323	-	13	16	-	-	-	-	-
Louisiana.....	-	3	85	6	62	59	-	-	-	-	-
Oklahoma*.....	1	100	3,232	2	44	8	3	-	-	-	-
Texas.....	262	2,654	8,517	3	116	67	492	-	-	6	135
MOUNTAIN.....	23	491	2,713	1	15	19	177	-	-	-	40
Montana.....	-	63	184	1	2	-	9	-	-	-	3
Idaho.....	-	11	295	-	3	1	6	-	-	-	3
Wyoming.....	2	42	20	-	-	-	1	-	-	-	-
Colorado.....	18	211	703	-	7	10	81	-	-	-	22
New Mexico.....	3	48	414	-	-	3	6	-	-	-	-
Arizona.....	-	108	628	-	1	2	56	-	-	-	12
Utah.....	-	3	234	-	-	1	18	-	-	-	-
Nevada.....	-	5	235	-	2	2	-	-	-	-	-
PACIFIC.....	96	1,530	7,255	11	153	187	548	-	-	8	257
Washington.....	29	381	3,516	1	25	20	182	-	-	-	55
Oregon*.....	17	321	916	-	14	14	2	-	-	-	27
California.....	49	800	2,650	10	105	144	342	-	-	8	169
Alaska.....	-	-	96	-	-	8	2	-	-	-	-
Hawaii.....	1	28	77	-	9	1	20	-	-	-	6
Puerto Rico.....	14	209	1,249	-	15	7	38	-	-	-	1

\*Delayed reports: Measles: Me. 2, N.J. 29, Ill. delete 38, Iowa delete 16, W.Va. delete 8, Okla. 16, Ore. delete 13

Meningococcal infections: Okla. 1

Mumps: Me. 8, Okla. 2

Poliomyelitis, paralytic: Okla. 1 case 1967

Rubella: Me. 2, Ill. 38, W.Va. 8, Ore. 13

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES  
FOR WEEKS ENDED

APRIL 20, 1968 AND APRIL 22, 1967 (16th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SDRE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHDID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
		1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968
UNITED STATES...	11,215	3	34	1	20	9	75	2	6	87	1,201
NEW ENGLAND.....	1,536	-	-	-	-	-	2	-	-	-	46
Maine*.....	22	-	-	-	-	-	-	-	-	-	44
New Hampshire.....	1	-	-	-	-	-	-	-	-	-	2
Vermont.....	24	-	-	-	-	-	-	-	-	-	-
Massachusetts.....	303	-	-	-	-	-	1	-	-	-	-
Rhode Island.....	169	-	-	-	-	-	-	-	-	-	-
Connecticut.....	1,017	-	-	-	-	-	1	-	-	-	-
MIDDLE ATLANTIC.....	749	-	6	-	-	2	9	-	-	1	11
New York City.....	27	-	3	-	-	1	6	-	-	-	-
New York, Up-State.....	689	-	3	-	-	-	1	-	-	1	7
New Jersey.....	NN	-	-	-	-	-	-	-	-	-	-
Pennsylvania.....	33	-	-	-	-	1	2	-	-	-	4
EAST NDRTH CENTRAL...	1,416	-	3	-	4	1	10	-	-	19	83
Dhio.....	371	-	-	-	1	1	7	-	-	15	44
Indiana.....	232	-	-	-	-	-	1	-	-	2	19
Illinois.....	416	-	2	-	2	-	1	-	-	1	8
Michigan.....	269	-	1	-	1	-	-	-	-	1	4
Wisconsin.....	128	-	-	-	-	-	1	-	-	-	8
WEST NORTH CENTRAL...	1,445	-	2	1	5	-	4	-	-	23	268
Minnesota.....	47	-	-	-	-	-	-	-	-	13	67
Iowa.....	1,120	-	-	-	-	-	-	-	-	3	46
Missouri.....	13	-	2	1	3	-	3	-	-	2	46
North Dakota.....	94	-	-	-	-	-	-	-	-	5	51
South Dakota.....	32	-	-	-	1	-	1	-	-	-	34
Nebraska.....	66	-	-	-	-	-	-	-	-	-	11
Kansas*.....	73	-	-	-	1	-	-	-	-	-	13
SDUTH ATLANTIC.....	984	3	7	-	4	2	20	2	5	7	141
Delaware.....	4	-	-	-	-	-	-	-	-	-	-
Maryland.....	240	-	-	-	-	-	4	-	-	-	2
Dist. of Columbia..	-	-	1	-	-	1	1	-	-	-	-
Virginia.....	262	1	2	-	1	-	3	2	4	2	71
West Virginia.....	248	-	-	-	-	-	-	-	-	-	18
North Carolina.....	6	-	2	-	2	-	2	-	1	-	4
South Carolina.....	54	-	-	-	-	-	-	-	-	-	-
Georgia.....	28	-	-	-	1	1	7	-	-	2	12
Florida.....	142	2	2	-	-	-	3	-	-	3	34
EAST SOUTH CENTRAL...	1,408	-	4	-	4	-	11	-	1	16	343
Kentucky.....	56	-	1	-	1	-	1	-	-	6	156
Tennessee.....	1,181	-	-	-	3	-	7	-	-	9	172
Alabama.....	103	-	1	-	-	-	-	-	-	1	15
Mississippi.....	68	-	2	-	-	-	3	-	1	-	-
WEST SOUTH CENTRAL...	811	-	5	-	1	3	7	-	-	13	222
Arkansas.....	13	-	-	-	-	-	-	-	-	-	27
Louisiana.....	-	-	4	-	-	-	1	-	-	1	25
Dklahoma*.....	27	-	-	-	1	-	1	-	-	5	71
Texas.....	771	-	1	-	-	3	5	-	-	7	99
MDUNTAIN.....	1,513	-	-	-	2	1	6	-	-	4	20
Montana.....	50	-	-	-	-	-	-	-	-	-	-
Idaho.....	127	-	-	-	-	-	-	-	-	-	-
Wyoming*.....	68	-	-	-	-	1	1	-	-	-	1
Colorado.....	819	-	-	-	1	-	2	-	-	-	1
New Mexico.....	192	-	-	-	-	-	3	-	-	4	10
Arizona.....	68	-	-	-	-	-	-	-	-	-	8
Utah*.....	189	-	-	-	1	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	1,353	-	7	-	-	-	6	-	-	4	67
Washington.....	425	-	-	-	-	-	-	-	-	-	-
Dregon.....	178	-	-	-	-	-	-	-	-	-	-
California.....	678	-	7	-	-	-	6	-	-	4	67
Alaska.....	17	-	-	-	-	-	-	-	-	-	-
Hawaii.....	55	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	5	-	1	-	-	-	-	-	-	-	11

\*Delayed reports: SST: Me. 6, Kans. 1, Dkla. 4, Wyo. 142, Utah 48 cases 1967

Week No.  
16

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED APRIL 20, 1968

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	692	426	27	39	SOUTH ATLANTIC:	1,191	613	42	61
Boston, Mass.-----	215	127	8	14	Atlanta, Ga.-----	151	53	7	10
Bridgeport, Conn.-----	53	38	2	3	Baltimore, Md.-----	271	133	8	13
Cambridge, Mass.-----	13	12	-	1	Charlotte, N. C.-----	49	24	1	4
Fall River, Mass.-----	23	15	1	1	Jacksonville, Fla.-----	56	36	4	3
Hartford, Conn.-----	58	29	1	6	Miami, Fla.-----	107	60	2	2
Lowell, Mass.-----	28	17	1	1	Norfolk, Va.-----	45	18	3	7
Lynn, Mass.-----	15	12	-	-	Richmond, Va.-----	71	39	1	3
New Bedford, Mass.-----	17	14	1	-	Savannah, Ga.-----	36	18	5	1
New Haven, Conn.-----	60	30	2	9	St. Petersburg, Fla.-----	96	76	4	3
Providence, R. I.-----	76	44	5	2	Tampa, Fla.-----	80	45	3	3
Somerville, Mass.-----	7	5	-	-	Washington, D. C.-----	176	82	2	11
Springfield, Mass.-----	31	17	2	-	Wilmington, Del.-----	53	29	2	1
Waterbury, Conn.-----	35	20	1	-					
Worcester, Mass.-----	61	46	3	2	EAST SOUTH CENTRAL:	699	389	37	38
MIDDLE ATLANTIC:	3,504	2,035	124	133	Birmingham, Ala.-----	94	51	1	9
Albany, N. Y.-----	48	30	1	3	Chattanooga, Tenn.-----	67	38	8	2
Allentown, Pa.-----	39	19	-	3	Knoxville, Tenn.-----	56	39	3	3
Buffalo, N. Y.-----	132	75	2	6	Louisville, Ky.-----	127	76	10	4
Camden, N. J.-----	57	35	6	3	Memphis, Tenn.-----	177	85	7	10
Elizabeth, N. J.-----	33	14	1	-	Mobile, Ala.-----	57	29	-	2
Erie, Pa.-----	59	35	3	1	Montgomery, Ala.-----	24	15	3	2
Jersey City, N. J.-----	54	35	8	1	Nashville, Tenn.-----	97	56	5	6
Newark, N. J.-----	103	53	2	4	WEST SOUTH CENTRAL:	1,128	602	42	67
New York City, N. Y.-----	1,689	966	54	59	Austin, Tex.-----	33	21	4	2
Paterson, N. J.-----	35	22	1	3	Baton Rouge, La.-----	48	24	1	3
Philadelphia, Pa.-----	573	327	8	15	Corpus Christi, Tex.-----	27	13	1	6
Pittsburgh, Pa.-----	268	159	8	19	Dallas, Tex.-----	155	75	2	6
Reading, Pa.-----	59	40	2	-	El Paso, Tex.-----	37	22	2	2
Rochester, N. Y.-----	122	78	7	7	Fort Worth, Tex.-----	84	46	-	11
Schenectady, N. Y.-----	10	7	-	-	Houston, Tex.-----	193	85	4	15
Scranton, Pa.-----	36	24	1	-	Little Rock, Ark.-----	58	34	10	2
Syracuse, N. Y.-----	64	43	3	5	New Orleans, La.-----	179	92	3	7
Trenton, N. J.-----	52	26	7	1	Oklahoma City, Okla.-----	93	53	1	3
Utica, N. Y.-----	30	21	8	-	San Antonio, Tex.-----	134	79	4	7
Yonkers, N. Y.-----	41	26	2	3	Shreveport, La.-----	36	19	4	2
EAST NORTH CENTRAL:	2,534	1,407	69	133	Tulsa, Okla.-----	51	39	6	1
Akron, Ohio.-----	69	44	-	3	MOUNTAIN:	442	268	18	17
Canton, Ohio.-----	33	20	4	2	Albuquerque, N. Mex.-----	33	20	3	1
Chicago, Ill.-----	677	359	22	36	Colorado Springs, Colo.-----	36	25	4	-
Cincinnati, Ohio.-----	176	101	3	7	Denver, Colo.-----	121	69	3	4
Cleveland, Ohio.-----	206	111	4	9	Ogden, Utah.-----	23	15	3	-
Columbus, Ohio.-----	116	63	4	6	Phoenix, Ariz.-----	103	58	1	5
Dayton, Ohio.-----	88	47	-	4	Pueblo, Colo.-----	30	23	2	3
Detroit, Mich.-----	331	175	3	15	Salt Lake City, Utah.-----	47	25	1	2
Evansville, Ind.-----	45	31	-	-	Tucson, Ariz.-----	49	33	1	2
Flint, Mich.-----	52	21	3	9	PACIFIC:	1,619	951	33	59
Fort Wayne, Ind.-----	58	36	2	5	Berkeley, Calif.-----	19	15	-	-
Gary, Ind.-----	44	21	6	4	Fresno, Calif.-----	53	31	3	-
Grand Rapids, Mich.-----	52	35	-	2	Glendale, Calif.-----	25	20	-	3
Indianapolis, Ind.-----	148	83	1	10	Honolulu, Hawaii.-----	54	25	2	4
Madison, Wis.-----	36	13	3	1	Long Beach, Calif.-----	99	60	-	2
Milwaukee, Wis.-----	123	72	2	9	Los Angeles, Calif.-----	486	304	9	21
Peoria, Ill.-----	25	14	2	1	Oakland, Calif.-----	69	36	2	2
Rockford, Ill.-----	25	18	2	1	Pasadena, Calif.-----	28	19	1	1
South Bend, Ind.-----	34	23	3	-	Portland, Oreg.-----	120	62	3	4
Toledo, Ohio.-----	112	74	5	4	Sacramento, Calif.-----	59	32	1	1
Youngstown, Ohio.-----	84	46	-	5	San Diego, Calif.-----	91	52	1	1
WEST NORTH CENTRAL:	926	555	27	58	San Francisco, Calif.-----	183	95	3	3
Des Moines, Iowa.-----	52	33	1	4	San Jose, Calif.-----	35	21	-	3
Duluth, Minn.-----	23	19	5	1	Seattle, Wash.-----	162	88	7	8
Kansas City, Kans.-----	44	25	5	5	Spokane, Wash.-----	73	46	1	3
Kansas City, Mo.-----	149	88	2	4	Tacoma, Wash.-----	63	45	-	3
Lincoln, Nebr.-----	29	22	-	1					
Minneapolis, Minn.-----	128	79	1	13	Total	12,735	7,246	419	605
Omaha, Nebr.-----	85	50	-	5	Cumulative Totals				
St. Louis, Mo.-----	271	154	7	13	including reported corrections for previous weeks				
St. Paul, Minn.-----	90	57	4	6	All Causes, All Ages -----	217,081			
Wichita, Kans.-----	55	28	2	6	All Causes, Age 65 and over-----	128,257			
					Pneumonia and Influenza, All Ages-----	10,749			
					All Causes, Under 1 Year of Age-----	9,535			

# INTERNATIONAL NOTES QUARANTINE MEASURES

*Additional Immunization Information for International  
Travel, 1967-68 edition, Public Health Service  
Publication No. 384*

The following information should be included in Section 5:

## AFRICA

### Sao Tome and Principe – Page 33

Delete all information concerning yellow fever.

Insert: Yellow fever vaccination is required of all arrivals.\*

## ASIA

### Saudi Arabia – Page 61

Delete previous information concerning cholera.

Insert: (During the period from March 29 to October 15, 1968), cholera vaccination is required of all arrivals from infected local areas and from countries any parts of which are infected. The certificate must show two injections at not less than 7 days and not more than 30 days interval. For revaccination carried out within 6 months of a recorded vaccination or revaccination, a single injection renders the certificate valid for an additional 6 months. In addition, arrivals from these countries are required to submit a certificate, dated not more than 7 days before their departure, recording the negative results of stool culture. This certificate must be delivered by a licensed laboratory and attested to by the health authority.\*

## EUROPE

### France – Page 67

Delete the previous not concerning smallpox.

Insert: Smallpox vaccination is required of all arrivals except arrivals from Azores and Madeira Islands, Canary Islands, Bermuda, Canada, Greenland, Netherlands Antilles, St. Pierre and Miquelon, Surinam, and United States of America.

### Ireland – Page 69

Delete the note concerning smallpox.

Insert: Smallpox vaccination is required of all arrivals except arrivals from Azores and Madeira Islands, Canary Islands, Reunion, Bermuda, Canada, French Guiana, Greenland, Guadeloupe, Martinique, Netherlands Antilles, St. Pierre and Miquelon, Surinam, and United States of America.

\*Conformity of this measure with the Regulations may be open to question and the World Health Organization is in communication with the health administration concerned.

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

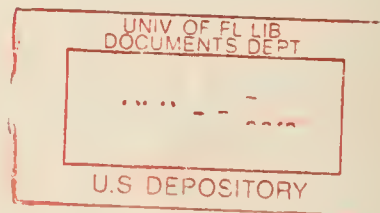
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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

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ATLANTA, GEORGIA 30333  
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MORBIDITY AND MORTALITY WEEKLY REPORT

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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